

SENT VIA EMAIL OR FAX ON
Jun/28/2012

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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 X 2 weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

PM&R and Pain medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Request for services of 10 sessions of behavioral chronic pain management program dated 03/28/12

Physical performance evaluation dated 05/08/12

Utilization review determination dated 05/24/12

Request for reconsideration dated 05/31/12

Utilization review determination dated 06/08/12

Request for independent review dated 06/14/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male whose date of injury is xx/xx/xx. He was moving an object at work and complains of low back pain. Treatment to date includes medications, injections and work hardening program. The claimant was evaluated for a possible chronic pain management

program. Records indicate the claimant scored a 20 on BDI II within moderate to severe range of assessment and after completion of group psychotherapy sessions he scored an 18. BAI score was 18 within low / mild range of assessment. Functional capacity evaluation performed on 05/08/12 reported the claimant was capable of medium heavy physical demand level.

A request for chronic pain management 5x2 was denied by utilization review on 05/24/12 noting that there was not adequate thorough multidisciplinary evaluation and no current physical examination that rules out conditions that require treatment prior to initiating program. It was also noted the claimant attended a multidisciplinary work hardening program without success, and there was no assessment of factors that may have contributed to claimant's inability to benefit from multidisciplinary work hardening program. It was noted that after the multidisciplinary intervention there was no functional improvement reported and the claimant did not return to work. This was negative predictor and presents poor prognosis for requested treatment. It was further noted the request is inconsistent with ODG which states chronic pain management program should not be considered stepping stone after less intensive programs. It was also noted this was a 7 month old injury and there was no evidence provided to indicate the treatment team has exhausted all appropriate treatments.

A reconsideration / appeal request was denied on utilization review dated 06/08/12. It was noted mental health evaluation of 03/28/12 finds impression of pain disorder, but this was inadequate evaluation for admission to comprehensive pain rehabilitation program. The employee's psychometric assessments were inadequate to support diagnosis or explicate the clinical problems, to assist in ruling out other conditions that may explain or contribute to symptoms and help design and predict response to treatment, and there is no thorough psychological evaluation to provide a reasonable manifest explanation for the etiology and maintenance of patient's clinical problems. Further there was no response to work hardening program. It was noted there was no current history or physical examination by the medical director or physician associated with the pain program and functional capacity evaluation is not adequate to satisfy this requirement.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical data provided, the request for chronic pain management program five times a week times two week is not supported as medically necessary. The claimant apparently sustained an injury to the low back on xx/xx/xx. He failed to improve with medications and injections. The claimant also participated in a multidisciplinary work hardening program without significant progress documented. This was noted as a negative predictor for success of the proposed CPMP. Also this appears to be duplication of services as the claimant already has participated in a multidisciplinary program. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. There is no explanation as to the claimant's failure to respond to treatment within the work hardening program. Given the current clinical data, the request for CPMP five times two is not consistent with Official Disability Guidelines and is not recommended as medically necessary. Accordingly the previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES